

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
101	1						151		2
102	1						152		2
103	1						153		2
104	1						154	1	
105	1						155		1
106		5					156		1
107		5					157		1
108		5					158		1
109		5					159		1
110		5					160		2
111	1						161		2
112	1						162	1	
113	1						163		1
114		3					164		1
115		3					165		1
116	1						166		1
117		1					167		1
118		2					168		1
119		2					169		3
120		2					170		3
121		2					171		
122		2					172		
123		2					173		
124	1						174		
125	1						175		
126	1						176		
127	1						177		
128	1						178		
129	1						179		
130		1					180		
131		1					181		
132	1						182		
133		9					183		
134		9					184		
135		9					185		
136		9					186		
137	1						187		
138	1						188		
139	1						189		
140	1						190		
141	1						191		
142	1						192		
143		7					193		
144		7					194		
145	1						195		
146	1						196		
147		2					197		
148		2					198		
149		2					199		
150		2					200		
TOTAL IND.	24						TOTAL IND.	2	
TOTAL DEP.	104						TOTAL DEP.	27	
TOTAL CLAIMS	128						TOTAL CLAIMS	29	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEFENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16		10					66						
17		10					67						
18		5					68						
19		5					69						
20		10					70						
21		5					71						
22		20					72						
23		10					73						
24		20					74						
25		10					75						
26	/						76						
27	/						77						
28	/						78						
29		3					79						
30		3					80						
31	/						81						
32	/						82						
33	/						83						
34		3					84						
35		3					85						
36		9					86						
37		9					87						
38	/						88						
39	/						89						
40	/						90						
41		3					91						
42		3					92						
43		19					93						
44		19					94						
45	/						95						
46		19					96						
47		20					97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09/14/2557

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13		8				
14		8				
15		4				
16		4				
17		①				
18		①				
19		②				
20		③				
21		①				
22		①				
23						
24						
25						
26		1				
27		3				
28						
29						
30						
31		3				
32		①				
33		5				
34		②				
35						
36						
37		2				
38		①				
39		⑤				
40		②				
41						
42		1				
43		2				
44		③				
45		①				
46		⑤				
47		⑥				
48						
49						
50						
TOTAL IND.	23					
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63		5				
64		9				
65		①				
66		①				
67		①				
68		①				
69		①				
70		①				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92		7				
93		14				
94		①				
95		①				
96						
97						
98						
99						
100						
TOTAL IND.	54					
TOTAL DEP.	106					
TOTAL CLAIMS	160					

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